



# Los Angeles Department of Water and Power

## CERTIFICATE OF COMPLIANCE

### MUNICIPAL WATER CONSERVATION ORDINANCE

Property Address: \_\_\_\_\_  
PLEASE PRINT. ADDRESS SHOWN MUST MATCH SERVICE ADDRESS ON MUNICIPAL SERVICES BILL.

City Zip Code: \_\_\_\_\_ Number of Floors: \_\_\_\_\_

Total number of toilets in Residence or Building: \_\_\_\_\_

Number of new ultra-low flush toilets installed: \_\_\_\_\_ Install Date: \_\_\_\_\_

THIS IS TO CERTIFY THAT, BASED ON PERSONAL KNOWLEDGE, EACH WATER CLOSET, URINAL AND SHOWERHEAD AT THE ABOVE LISTED ADDRESS COMPLIES WITH THE REQUIREMENTS OF CITY ORDINANCE NO. 172075. ALL PROPERTIES MUST HAVE LOW-FLOW SHOWERHEADS. RESIDENTIAL PROPERTIES MUST HAVE ULTRA-LOW FLUSH TOILETS PRIOR TO THE CLOSE OF ESCROW. THIS CERTIFICATE AND THE APPROPRIATE PROCESSING FEE MUST BE FILED WITH THE DEPARTMENT OF WATER AND POWER NO MORE THAN 15 DAYS AFTER COMPLETION OF THE INSPECTION.

PROCESSING FEE SCHEDULE	No. of Floors	FEE
SINGLE FAMILY DWELLING DUPLEX/CONDO	N/A	\$15.00
COMMERCIAL/INDUSTRIAL/SMALL BUSINESS TRIPLEX/ APARTMENT BUILDING	1 to 3 Floors	\$25.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	4 to 9 Floors	\$50.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	10 Floors	\$75.00
COMMERCIAL/INDUSTRIAL APARTMENT BUILDING	Over 10 Floors	\$75.00 + \$5 per add'l floor
<b>TOTAL FEE DUE</b>		<b>\$</b>

INDICATE TYPE OF BUILDING:

SINGLE FAMILY DWELLING / DUPLEX/CONDO

TRIPLEX

APARTMENT BUILDING: SPECIFY NO. OF UNITS \_\_\_\_\_

COMMERCIAL/INDUSTRIAL BUILDING

SMALL BUSINESS\*

\*Small business defined as Commercial/Industrial building with 2 or fewer tank type toilets and 2 or fewer showers. No urinals.

**PLEASE MAKE CHECK PAYABLE TO: LOS ANGELES DEPARTMENT OF WATER AND POWER**  
**\*\* PRINT PROPERTY ADDRESS ON THE CHECK \*\***

\_\_\_\_\_  
PRINT NAME OF LICENSED PLUMBING CONTRACTOR (C-36 LICENSE,) GENERAL CONTRACTOR (B LICENSE,) RETROFITTER OR REAL ESTATE AGENT/BROKER      LICENSE # OF: PLUMBING CONTRACTOR ( C-36 LICENSE,) GENERAL CONTRACTOR (B LICENSE,) CERTIFIED RETROFITTER OR AGENT/BROKER      (     ) TELEPHONE NUMBER

\_\_\_\_\_  
ORIGINAL SIGNATURE OF PLUMBER, CONTRACTOR, RETROFITTER OR REAL ESTATE AGENT/BROKER      INSPECTION DATE

\_\_\_\_\_  
PRINT NAME OF PROPERTY OWNER (SELLER)      SIGNATURE OF OWNER (SELLER)      DATE

\_\_\_\_\_  
PRINT NAME OF PROPERTY BUYER      SIGNATURE OF BUYER      DATE

\_\_\_\_\_  
NAME OF ESCROW COMPANY

\_\_\_\_\_  
ESCROW COMPANY ADDRESS

\_\_\_\_\_  
ESCROW COMPANY CITY AND ZIP CODE

RETURN ORIGINAL WITH PAYMENT TO:

LOS ANGELES DEPARTMENT OF WATER AND POWER  
 ACCOUNT SERVICES UNIT  
 P O BOX 515406  
 LOS ANGELES CA 90051-6706  
 (888)284-6130    (213)367-3526

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY TO AVOID DELAYS IN PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.**  
 REVISED 10/24/02      PLEASE NOTE: IT IS PERMISSIBLE TO PHOTOCOPY THIS FORM.